

# **PHIT Steering Committee Notes**

## **Oct 24, 2001**

### **Members attending:**

Gary Schricker, Sherry McDonald, Melanie Dalton, Torney Smith, Greg Story, Julie Alessio, Patty Schwendeman, Bret Veenstra, Greg Stern, Bryant Karras

### **Members not attending:**

Greg Smith, Jo Hofmann, Mark Oberle, Joan Brewster, Marie Flake, Mary Ann O'Garro, Jim Minty, Patrick O'Carroll, Carol Villers

### **1. PHIT Visioning Project:**

Washington State Department of Health (DOH) and the Local Health Jurisdictions (LHJs) have completed a first step towards a collaborative plan for improving business-work processes that are common across LHJs. The Public Health Information Technology (PHIT) Steering Committee has targeted 13 processes and has identified where, within those processes, there is 'room for measurable improvement.' These improvement opportunities indicate where shared investments would yield a return in terms of increased staff productivity, work effectiveness and, potentially, public health. These 13 business-work processes were ranked by 'room for improvement' and by 'importance to public health mission.' Rankings also indicate which processes are reasonable targets for the use of information technology. These findings also validated our current public health IT projects such as PHIMS (ranked #1 – Responding to Public Health Incidents) and the Consolidated Contract Reports Phase 1 project (ranked #5 – Contracts Management and Reporting) as being among the highest priorities.

The issue that needs to be next in line for attention is 'Documenting Service Delivery,' which could include Personal Health client tracking, paperless records, appointments, and connection to a billing system. As this moves forward it will be vital to keep the newly developing standards in mind, including the Health Insurance Portability and Accountability Act (HIPAA.)

We are now in the process of communicating our findings to the broader public health community and setting the stage for the next steps to inventory public health communities on current and planned IT systems. The list of 13 business-work processes helps the committee to understand that all systems are not created equal. Some systems would benefit from a global approach such as PHIMS, others would benefit from individual systems because of unique environments, while smaller public health communities could benefit from collaborative efforts purchasing or developing systems.

We will continue to develop our understanding of business processes, with the goal of being ready to submit a proposal for a national information technology grant early in 2002. We will pay special attention to processes for applying minimum standards across all systems, including PHIMS, Drinking Water, Consolidated Contract, Vista, Early Notification of Child Death, Birth Certificates, etc.

CHILD Profile update: effective 1/1/02 will take responsibility for this system. DOH will be subcontracting some components, and will subcontract with Public Health – Seattle and King County as well. There is no longer any relationship with Health Radius and ChildWeb was no longer connected to CHILD Profile as of 4/1/01 because of a contract violation by Health Radius.

## **2. PHIT staff position:**

The Public Health Improvement Partnership (PHIP) Steering Committee made budget reductions overall, but did not reduce the planned spending for PHIT. The committee recognized the need for a long-term solution such as an IT Liaison staff between DOH and LHJs. The committee discussed a plan to acquire staff resources for support of IT projects specific to public health. The first assignment for someone in this position would be to conduct an inventory of current systems and planned IT systems within each LHJ, and systems within DOH that interface with LHJs. The position could help shepherd projects that might entail research, development, collaboration and cooperation among agencies. It will be important to expect regular updates for all systems that create interface between DOH and LHJs. An individual with the ability to write grants, perform business analysis, ability to organize information, a good communicator and systems thinker, experience with data standards, technology and public health would be the ideal candidate. The responsibility of this position would include preparing and surveying DOH/LHJs, organize and analyze the data, show gaps in system technology, help smaller communities to develop or focus on procuring IT systems, and identify where common IT approaches could benefit from economies of scale.

It was determined that the position would report to and be coordinated by DOH. Two scenarios for staff were developed:

Discussion of the use of the systems inventory: look for uniform standards, not uniform systems. The inventory could be used for decisions about where we place development efforts; we could identify gaps, know where particular software is in use and where collaboration might be helpful.

### **Action:**

- 1) UW would craft a proposal by mid Nov for the work. Bryant Karras has the lead.
- 2) DOH would create the job description and recruit for this position. Gary Schricker has the lead.
- 3) DOH would then determine which approach best meets the requirements for this effort. Work is projected to begin soon after Jan 1, 2002.
- 4) Develop draft survey questions and report format. Sherri McDonald has lead.

## **3. Emergency Preparedness:**

The committee discussed the recent virus attack and how this affected communications. Important lessons learned included: the importance of communications systems and alternatives, systems connectivity, and disaster recovery. We need to pay close attention

to the need for balance between security and completion of work processes – i.e., communication is important in the immediate while work processes are important over time.

Alternate communications and the need for redundancy and two-way communication were discussed. Some alternatives that were successful included having an LHJ pass information via e-mail and using broadcast faxes and the phone system. The committee also discussed the potential use of the state and local Emergency Operations Centers (EOC) communication systems in the event of a disaster. Public health must participate as part of the emergency team on both a state and local level. As agencies develop contingency plans, it will be important to share learning among the PHIT and all LHJs to further the preparedness and safety of our systems. Sharing of ideas could include disaster recovery, redundant systems, staff training on emergency plans, communications systems, technology protection including antivirus software and screening software.

#### **4. Communication Letter:**

Two draft communication letters were discussed and edited as part of the messaging for PHIT Visioning Project. One message will go to DOH, DSHS, DOE agency heads and the ACCIS Subcommittee. The second message will go to public health agencies, organizations and officials. This communication letter would also set the stage for a “heads up” message about the IT system survey and the need to provide a business and IT point of contact from the organization.

#### **5. Future Agenda items:**

- Update on technology system development, including PHIMS, Drinking Water, VistWeb
- Update on staff position and work plan
- National Grant opportunity

#### **2002 Scheduled Meetings:**

Jan 30, Apr 24, Jul 24, Oct 23